

Barnwood House Hospital for the Insane,

Near Gloucester.

Sixty-fifth

Annual Report

For the Year 1924.

Printed by DAVIES & SON, Gloucester.

1925.



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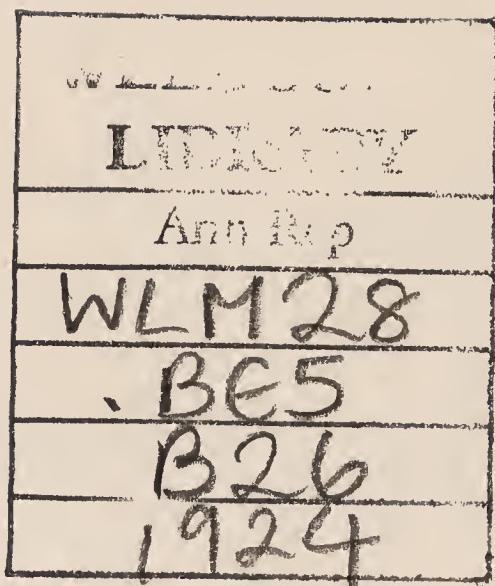
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REPORT OF THE COMMITTEE.

The average number of patients resident in the Hospital during the year 1924 was 141, as compared with 149 in 1923. The Boarders in residence, including those at the Manor House, averaged 13, bringing the total average of inmates under treatment for the year under review to 154.

The structural alterations and additions during the year were as follows:—

North Cottage was early in the year opened as the Nurses' Home, affording accommodation for 30 nurses, and it has, as the Committee anticipated, contributed greatly to the comfort and contentment of the staff.

Four single rooms with verandahs have been added to No. 4 Ladies' Division, and already their usefulness for open-air treatment has been proved.

A teak floor has been laid in the corridor of No. 3 Ladies' Division to replace a worn deal floor.

Throughout the Hospital the old-fashioned heating coils are being gradually replaced by modern radiators.

On the male side two new baths have been provided, one of them a continuous hot bath, similar to that fitted on the female side, which experience has shewn to be a valuable aid in alleviating certain forms of mental distress.

Much general repair and decorative work has been carried out. The Committee, being anxious that the milk supply of the Hospital should be of the highest quality, have completely re-organised the interior of the cow-sheds. The old mangers, standings and floors have been removed and replaced by modern iron standings, concrete

mangers, gutters, and cork brick floors, and for each cow an automatic drinking bowl has been provided, ensuring a high state of efficiency and cleanliness.

On the 19th of May there was an unusual and unprecedented rainfall, causing serious flooding and destruction in the gardens, and the fall of a portion of the boundary wall, about 30 yards long and 8 feet high, as well as much damage along the whole course of the stream running through the grounds. The repairs occasioned by this rainfall necessitated an expenditure of between four and five hundred pounds, a sum which might have been reduced had not the Committee thought it prudent to re-build the wall with strong buttresses and extra outlets, and to provide a new flood-gate in the hope that damage arising from a similar cause may be avoided in the future.

The Pension Scheme for officers, attendants, nurses, and other employees, alluded to in our last Report, is still under consideration, but it is nearing completion and in all probability it will be approved and adopted during the current year.

The average weekly income per patient was £5 5s. 4d., as compared with £5 14s. 11½d. for the year 1923.

The average weekly expenditure per patient was £4 19s. 7d., as against £5 3s. od. during the previous year.

£10,000 from the Current Account and £2,000 of the balance standing to the credit of the Pension Fund were invested as an addition to the Contingency Fund.

Five patients were maintained without payment during the whole or part of the year and sixty-six others at such a sum below the average cost of maintenance, entailing a charge upon the Hospital amounting to £7,251 15s. 4d.

The Committee considered 23 applications for admission or continuance of maintenance at reduced rates. Of these, 3 were admitted without payment and 19 others at rates below the average cost of maintenance, one patient only being declined.

Swine Fever broke out at the farm, causing the death of 23 pigs of various ages and compelling the slaughter and sale of all others. The stybes were completely disinfected and remained empty for several months; they are now declared free from infection and the herd is being gradually re-established.

The income and expenditure for the year, as compared with those of the previous year, are set forth in the following Table:—

INCOME.				ORDINARY EXPENDITURE.		
Year	Maintenance.	Incidents.	Total.	Maintenance.	Incidents.	Total.
1923	£ 40652	£ 6573	£ 47225	£ 38462	£ 3851	£ 42313
1924	39559	2364	41923	39123	490	39613
	- 1093	- 4209	- 5302	+ 661	- 3361	- 2700

The following Table gives the result of a division of the income and expenditure respectively by the average number of patients:—

Year.	Average income per patient per week.	Average expenditure per patient per week.
1923	£ 5 s. 14 d. 11½	£ 5 s. 3 d. 0
1924	5 5 4½	4 19 7
	- 0 9 7	- 0 3 5

The comparative items of expenditure for the same years are shewn in the following Table :—

Items of Expenditure.	1923	1924	Increase.	Decrease.
Salaries and Wages ..	£ 11655	£ 11827	£ 172	£ ..
Uniform	88	176	88	..
Laundry & Power Station	2012	1979	..	33
Provisions	10269	10292	23	..
Coals	820	1402	582	..
Gardens and Grounds ..	1713	1762	49	..
Stables and Garage ..	734	595	..	139
Rates, Taxes, & Insurance	3673	3234	..	439
Repairs, & Artisans' Wages	3124	2996	..	128
Gas	698	721	23	..
Water	231	244	13	..
Furniture	1753	2148	395	..

The progress of the Institution during the last five years is shewn in the following Table :—

	1920.	1921.	1922.	1923.	1924.
Average number of patients & boarders }	158 £ s. d.	163 £ s. d.	161 £ s. d.	158 £ s. d.	153 £ s. d.
Total income from patients, &c.	41737 0 0	45717 0 0	45946 0 0	47225 0 0	41923 0 0
Total ordinary expenditure for patients, &c.	42804 0 0	43767 0 0	43150 0 0	42313 0 0	39613 0 0
Income per patient, &c., per week	5 1 7	5 7 10½	5 9 9	5 14 11½	5 5 4½
Expenditure per patient, &c., per week }	5 4 2½	5 3 3½	5 3 1	5 3 0	4 19 7

A Commissioner of the Board of Control paid two visits to the Hospital ; the reports are appended.

Dr. Harris, 2nd Assistant Medical Officer, resigned his post to take up Public Health Work, and Dr. Erskine Sherwell, a graduate of Bristol University, was appointed to the post.

The post of Deputy Head Nurse and Sister Tutor was filled by the appointment of Miss Stewart, who was trained at Bristol Royal Infirmary.

A pension of £2 2s. od. per week was awarded to Nurse Florence Marden, whose health is such that there is no likelihood that she will be able to take up her work again.

Messrs. Price, Waterhouse & Company were appointed as Auditors in the place of Mr. H. P. Pike, who resigned owing to ill-health.

The accounts of the Institution in the past year have, on the recommendation of the Auditors, been kept on a somewhat different system from that which has hitherto been adopted. The Committee have, however, had the accounts for the year roughly re-cast in their old form, or comparison of the totals under some of the headings with those of preceding years would have been impossible. The Committee are satisfied that the new system is an improvement on the old one.

The Committee desire to place on record their sorrow at the death of their old and valued colleague, Mr. Granville Lloyd-Baker, who had been a member of the House Committee for 49 years. Throughout this long period Mr. Lloyd-Baker attended with extraordinary regularity the meetings of the Committee. He took a deep interest in all that pertained to the welfare of the Institution, and always occupied the Chair of the Committee in the unavoidable absence of the Chairman.

The Committee also heard with regret of the death of Sir Frederick Needham, who was Medical Superintendent of the Hospital from 1874 until the year 1892, when he was appointed a Commissioner of the Board of Control. Sir

Frederick Needham became a Governor of the Hospital in the year 1913, and the Committee have recorded their high appreciation of the admirable manner in which the Hospital was conducted by him, and particularly their great indebtedness to him for the share he took in the development of the Institution during its early days.

The Rev. R. H. M. Bouth was elected a member of the Board of Governors.

Dr. Wayland Ancrum was elected a member of the General Committee, and General Stanton, Dr. Ancrum, and Mrs. Harford were elected members of the House Committee.

The Medical Superintendent reports favourably of the work and conduct of Officers, Attendants, and Servants.

The Committee have, as usual, to express their thanks to Dr. Townsend for his unvarying zeal and ability in conducting the affairs of the Hospital, which during the past year have been as conspicuous as ever. Under his supervision its efficiency and reputation have been maintained. Unless its sphere of usefulness is impaired by pending changes in the Lunacy Laws, its prospects never looked brighter.

The thanks of the Committee are also due to the Officers, Attendants, and Servants of the Institution for the character of their work and conduct, of which Dr. Townsend speaks in high terms.

FRANCIS A. HYETT,
Chairman.

REPORTS
OF THE
COMMISSIONER OF THE BOARD OF
CONTROL.

BARNWOOD House,

July 12th, 1924.

The admissions, discharges, and deaths that have occurred since my colleague's visit in 1923 have left on the books the names of 137 patients, 58 gentlemen and 79 ladies. There are in addition 15 voluntary boarders, 6 of the former sex and 9 of the latter, making in all 151 persons in residence. All these I have seen with the exception of one gentleman who is out for the day and one lady absent on leave.

Some of the 20 new admissions have been discharged in the interval : those still in residence are properly detained. Of the 25 discharges, 9 have been released on recovery. The 4 deaths were due to natural causes.

Those patients capable of expressing a rational opinion, appeared to be contented and happy, and all were obviously well cared for. Although I spoke to all who desired conversation, none expressed a desire for a private interview, and I received no complaints. The general health of patients was good, and the few in bed were there more for rest than illness. My visit was rather an early one. With regard to day rooms, bedrooms, and buildings generally, one can only describe the condition as excellent throughout.

During the course of my inspection, I visited the Manor House, and North Cottage which has been converted into nurses' quarters. The latter provides very good accommodation indeed, and should add greatly to staff amenities. The failure of the Manor House scheme—for early mental cases—is regretable. In view of the possibility of future developments it is to be hoped that demand may some day permit a revival of the idea. There is no record of the application of restraint or seclusion.

Dr. Townsend has now the assistance of Drs. Waldo, Harris, and Beaver, and his subordinate staff appears to be thoroughly capable in all respects.

(Signed) R. W. BRANTHWAITE,

Commissioner of the Board of Control.

BARNWOOD HOUSE,

November 28th, 1924.

I have to-day paid the second visit of the year to this Hospital, and have been very pleased indeed with what I have seen, and with the efforts made to secure the best possible results to the largest number of patients. It is interesting to note, in this regard, that adequate specialist consulting aid is now (or will shortly be) available—surgical, medical, pathological and dental—in order that any physical cause for mental disorder may be discovered and remedied. The advantages that will follow Dr. Townsend's efforts to explore such fields to their full extent, are undoubted.

The usual well-ordered and comfortable surroundings continue to prevail throughout the institution, conditions that determine the contented and peaceful atmosphere that existed during the whole of my visit to-day.

As the result of changes that have occurred since my visit in July last, there were to-day on the books the names of 60 gentlemen and 86 lady patients, 146 persons in all. Of this number one of each sex is away on trial, reducing those in residence to 144. With one exception—a lady absent for the day—I have seen all persons in residence, and afforded each one an opportunity for conversation. I received no complaints and no requests for private interviews.

In addition to the above, there were 15 voluntary boarders, 5 gentlemen and 10 ladies. One of the latter shows evidence of becoming unfit to remain in this class, and should be watched with a view to such action as may prove necessary; the remaining voluntary boarders may remain on that footing.

Of the 11 cases discharged since my last visit, 4 were on recovery, and all the 5 deaths were due to natural causes.

No patients have been secluded or restrained. Seventy-two patients usually attend Divine Service on Sundays, and 100 the associated entertainments. Those usefully employed number 127.

Eight patients walk out alone beyond the grounds and 37 attended, whilst about 73 are taken out for carriage exercise about five times each month. The average cost of maintenance per head per week for 1923 amounted to £5 3s.—some 44·9 per cent. of patients in residence making payments less than this amount.

The nursing staff, which appears to be well chosen and efficient, numbers 31 male and 40 female nurses, of which 3 and 7 respectively are detailed for night duty.

Dr. Townsend has the assistance of Dr. Waldo and Dr. Sherwell as Medical Officers, by whom the books and registers are well kept.

I was very pleased with the general tone and efficiency of the Hospital.

(Signed) R. W. BRANTHWAITE,

Commissioner of the Board of Control.

REPORT
OF THE
MEDICAL SUPERINTENDENT.

I have the honour to present the following report of this Hospital for the year 1924.

On the 1st of January, 1924, the number of patients under care was 62 males and 81 females, and on the 31st December the total number was 58 males and 90 females.

The admissions were, males 18, females 32, total 50.

The discharges were, males 14, females 22, total 36.

The deaths were, males 8, females 1, total 9.

BOARDERS.—On the 1st of January there were 5 male and 9 female boarders in residence. There were admitted during the year 8 males and 16 females, total 24. Of the 13 male boarders under treatment during the year, 1 died, 3 recovered, 4 discharged themselves. Twenty-five female boarders were under treatment during the year; of these, 1 died, 5 were certified, 5 recovered, and 4 left the Hospital. Two males and one female elected to become boarders upon decertification.

These changes left the number of patients and boarders on the books on December 31st as follows:—

	Males.	Females.	Total.
Patients	.... 58	90	148
Boarders	.... 4	10	14

The daily average number of patients in residence was 61 males, 80 females, total 141.

ADMISSIONS.—Fifty patients, 18 males and 32 females were admitted during the year, as compared with 26 for the previous year. Of this number only 16 were admitted in the first half of the year, while in the latter part of the year both the admissions and the applications for admission have been above the average. In one instance there was failure to continue the reception order and the patient had to be re-certified. Two patients were, against advice, removed by their friends, and had soon to be re-admitted. Of the 18 male patients admitted, 5 recovered, but in regard to those who remain the prospect of recovery is favourable in three cases only. One patient discharged as recovered relapsed and was re-admitted after nearly six months at home. Of the female patients admitted, 4 have recovered and in eleven of the cases who remain the prospect of recovery is hopeful.

DISCHARGES.—Thirty-six patients, 14 males and 22 females, have been discharged; 16 of these, 9 males and 7 females, upon recovery, that is 60 per cent. males and 25·9 females, being 38 per cent. of the admissions, but excluding transfers and two patients who were re-admitted and one patient who had to be discharged and re-admitted owing to failure to continue the reception order. Of the recoveries, eight were admitted soon after mental symptoms manifested themselves. This once more emphasises the value of early treatment. This consideration leads me to suggest that the establishment of out-patient clinics, in several centres, for the treatment of mental cases in the City and County of Gloucester would be of value. Doubtless many early cases treated in such clinics would recover without certification. It has been adopted in various places with, I understand, encouraging results.

One male and 5 females were discharged relieved and are sufficiently well to live at home, 10 patients were transferred to other institutions or single care, 2 were discharged and elected to remain as voluntary boarders, and four were removed by their relations.

DEATHS were 9 in number, 8 males and 1 female. The death rate on the average daily number resident being 6·3 per cent. All the deaths were due to natural causes. The average age at death was 58 years and 8 months, a considerably lower average age than is usual.

This year a house was taken at Clevedon, Somersetshire, but the change of environment does not appear to have been appreciated as much as in the previous summer at Weston, and in the future I think it will be advisable to select a house at a seaside resort which offers greater variety.

It is gratifying that the admission of voluntary patients continues to increase year by year though this may appear somewhat surprising in view of recent happenings. It indicates, however, that the public are not unduly alarmed by the reports which have from time to time appeared in the press and continue in increasing numbers to have confidence in voluntarily placing themselves under care in the early stages of mental disorder. It is to be hoped that the Royal Commission on Lunacy and Mental Disorder now sitting may succeed in suggesting changes that will facilitate and encourage the admission of voluntary patients. It does not appear possible that any change can be made whereby patients are more successfully safeguarded against wrongful detention than at the present time. Patients are regularly visited by the Commissioners of the

Board of Control, men of the highest skill and experience, and to them every patient has the right of appeal, and any who consider themselves unjustifiably detained can state their case at a private interview. Frequent visits are also conducted by the Committees of the various hospitals and on these occasions every patient is seen and an opportunity is given for their treatment or fitness for discharge to be discussed. In my experience, applications for private interviews and complaints of wrongful detention are infrequent, and as a rule it is chiefly from the most insane patients that such complaints come.

The general health of the patients and staff has been good. There has only been one serious, but not fatal, casualty: an elderly lady accidentally fell, sustaining a fractured femur.

Neither mechanical restraint nor seclusion had to be resorted to in the treatment of patients.

The treatment of General Paralysis by inoculation with malaria is now practised in several Mental Hospitals, and though it must yet be regarded as in a somewhat experimental stage, the published reports of the treatment shew favourable results in a considerable percentage of cases, and as time goes on we shall be in a position to foretell whether these apparent recoveries are likely to prove enduring. We have several cases of General Paralysis in the Hospital, but all with one exception were for various reasons considered unsuitable for this treatment.

The patient selected to undergo the treatment was inoculated and the result is so far excellent for he is now free from any abnormal manifestations, and having regard to the success so far attained, I should not hesitate to apply the treatment in any suitable case. It is satisfactory to

note that the number of patients developing General Paralysis appears to be diminishing, and the present methods of treatment suggest that this hitherto fatal disease will in time become definitely curable.

A Pathologist has been appointed to the Gloucestershire Royal Infirmary, and when he takes up his duties we shall have the advantage of his services. In the meantime pathological investigations in all recent cases are undertaken by the Pathologist to Bristol University.

Five male and 3 female nurses (all who entered) passed the final examination for the certificate of the Medico-Psychological Association. In the preliminary examination 12 of both sexes entered, and 5 were successful. Of the male and female staff, 23 now hold the certificate of the Association, that is 32 per cent. of the total nursing staff.

At the close of the year we had no vacant bed on the female side, and I think that it will be necessary to ask for the removal of a certain number of chronic patients, otherwise we shall have to decline admission to acute and recoverable cases. In some of the large Mental Hospitals separate buildings are to be provided for the admission of recent cases of mental disorder, and I have considered whether it would be possible or advisable to erect similar buildings here, but for a variety of reasons I cannot advise the Committee to entertain the idea. At the same time I shall at no distant date ask the Committee to consider whether it may not be possible to make some arrangements whereby chronic and hopeless patients may be more definitely segregated so that they do not come into contact with recent and curable cases.

It is again my pleasure to report favourably on the work and conduct of the staff, and I feel that

we owe them gratitude for the efficient way in which they discharge their duties. This is recognised by the patients who often speak highly of the skilled care and attention of the nurses, both male and female.

In September, Dr. Harris, 2nd Assistant Medical Officer, resigned his post, and to the vacancy the Committee appointed Dr. Erskine Sherwell, a graduate of Bristol University, who has proved himself a Medical Officer of promise and shews much interest in the work of the Hospital.

To the heads of departments I have pleasure in expressing my thanks for conspicuous and efficient work, and the least praise I can give them is to say that they never spare themselves in the performance of their duties. The clerical work of the Hospital has been altered and increased, but it has been most capably carried out by Mr. Smith, who has in all ways justified the confidence reposed in him.

In conclusion, I desire to express for my fellow-workers and for myself our thanks and gratitude to the Committee for their ever ready help and support and for their generous appreciation of our services.

ARTHUR TOWNSEND,

Medical Superintendent.

TABLE A 1.—SHOWING THE MOVEMENT OF THE HOSPITAL POPULATION DURING THE YEAR 1924.

	Certified Patients.						Voluntary Boarders.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
On the Hospital Registers, January 1st, 1924	62	81	143				5	9	14
Total cases admitted during the year	18	32	50				8	16	24
Total cases under treatment during the year	80	113	193				13	25	38
Cases discharged or transferred during the year—												
Recovered	9	7	16	3	6	9
Relieved	1	5	6	1	—	1
Not Improved	4	10	14	4	8	12
Died during the year	8	1	9	1	1	2
Total cases discharged, transferred and died during the year							22	23	45	9	15	24
On the Hospital Registers, December 31st, 1924				58	90	148	.	10	14
Average daily number on the Registers during the year				61	80	141			
										Male.	Fem.	Total.
Certified Persons (<i>i.e.</i> , separate persons in contradistinction to "cases" which may include the same individual more than once) under care during the year							79	108	187
admitted							17	27	44
,, recovered							8	5	13

TABLE A2.—GENERAL TABLE, SHOWING THE MOVEMENT OF THE HOSPITAL POPULATION DURING EACH YEAR SINCE THE YEAR 1860, TOGETHER WITH THE RECOVERY AND DEATH RATES
(EXCLUDING VOLUNTARY BOARDERS).

YEAR.	ADMISSIONS.						DISCHARGED OR TRANSFERRED.						DIED.					
	Direct			Indirect.			Total.			Recovered.			Relieved.			Not Improved.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1860	16	9	25							6	2	8	2	—	2	1	3	1
1861	14	11	25	21	20	41	3	4	7	10	3	1	4	—	1	1	1	5
1862	21	15	30	15	15	38	5	5	10	4	1	5	2	—	3	2	2	4
1863	21	17	38	21	12	33	7	7	10	4	1	4	4	—	3	2	2	2
1864	21	12	33	21	12	33	2	2	3	6	6	3	9	—	1	3	7	1
1865	15	13	28	15	13	28	4	7	11	2	4	4	4	—	7	1	9	9
1866	17	12	29	17	12	29	2	1	3	5	6	4	4	—	1	6	1	5
1867	18	7	25	18	7	25	2	3	5	6	6	3	11	—	8	2	9	7
1868	13	10	23	13	13	26	1	2	3	10	3	2	4	—	3	2	3	13
1869	13	13	26	13	13	26	6	7	13	5	3	8	2	—	12	2	9	13
1870	20	14	34	18	19	37	6	7	2	4	3	3	6	—	8	2	9	13
1871	18	14	37	18	14	37	6	7	2	4	3	3	6	—	10	1	9	13
1872	13	14	27	13	14	27	2	2	2	4	3	3	6	—	11	1	9	13
1873	20	14	34	18	19	37	6	7	2	4	3	3	6	—	8	2	9	13
1874	15	15	30	15	15	30	5	5	10	1	2	1	1	—	12	1	2	1
1875	19	13	32	16	8	24	6	6	11	1	2	1	1	—	10	1	2	1
1876	16	20	36	16	20	36	6	6	12	22	1	1	1	—	8	7	6	1
1877	22	23	45	22	23	45	12	10	22	1	2	1	1	—	11	1	2	1
1878	21	11	32	12	11	23	8	7	15	6	6	6	6	—	7	6	5	1
1879	9	18	27	12	11	23	2	2	7	9	16	13	16	—	3	3	2	5
1880	18	24	42	18	24	42	3	3	13	10	13	10	13	—	4	6	4	1
1881	13	17	30	13	17	30	4	4	11	20	31	31	31	—	1	1	2	5
1882	18	24	42	18	24	42	3	3	13	10	13	10	13	—	4	6	4	1
1883	13	17	30	13	17	30	4	4	11	20	31	31	31	—	1	1	2	5

TABLE A2—(continued).

YEAR.	Remaining on Registers December 31st.			Average Daily Number on Registers			Percentage of Total Recoveries on the Total Number of Admissions.			Percentage of Total Recoveries on the Direct Admissions.			Percentage of Recoveries yielded by Direct Admissions on the Direct Admissions.			Percentage of Deaths on Average Daily Number on Registers.		
							M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1860	5	5	10	4	2	6	37.5	22.	29.7	75.	50.	62.5	5	5	5	33.3	28.5	62.5
1861	8	9	17	18	35	54	21	20	41	6.6	13.3	9.2	12.5	12.5	12.5	30.9	30.9	30.9
1862	17	18	26	26	54	21	29	27	56	33.3	17.6	25.4	12.5	12.5	12.5	12.5	12.5	12.5
1863	28	31	31	31	62	30	33	30	63	9.5	33.3	21.4	12.5	12.5	12.5	4.8	4.8	4.8
1864	31	33	30	30	63	33	33	33	67	11.7	25.	17.2	12.1	12.1	12.1	12.1	12.1	12.1
1865	33	33	33	33	67	34	34	33	70	5.5	28.6	17.	12.2	12.2	12.2	12.2	12.2	12.2
1866	29	30	59	30	59	30	33	30	63	26.6	53.8	39.6	14.8	14.8	14.8	14.8	14.8	14.8
1867	34	33	67	33	67	34	34	33	67	11.7	25.	17.2	12.1	12.1	12.1	12.1	12.1	12.1
1868	38	35	73	37	73	37	38	37	75	15.3	30.	22.6	13.4	13.4	13.4	13.4	13.4	13.4
1869	39	38	77	77	77	77	39	40	78	46.1	30.7	38.4	10.	10.	10.	10.	10.	10.
1870	41	41	82	82	82	82	38	40	79	30.	50.	40.	2.6	2.6	2.6	2.6	2.6	2.6
1871	38	39	77	77	77	77	39	40	79	33.3	10.5	21.6	11.6	11.6	11.6	11.6	11.6	11.6
1872	40	43	83	43	83	43	43	43	83	15.4	14.3	14.8	4.1	4.1	4.1	4.1	4.1	4.1
1873	42	45	87	39	43	87	46	48	94	13.3	13.3	13.3	5.3	5.3	5.3	5.3	5.3	5.3
1874	46	49	95	49	95	49	50	50	100	26.3	38.5	32.4	7.7	7.7	7.7	7.7	7.7	7.7
1875	52	49	101	50	50	50	52	49	101	37.5	62.5	45.8	4.1	4.1	4.1	4.1	4.1	4.1
1876	50	46	96	96	96	96	53	51	104	37.5	30.	33.7	5.6	5.6	5.6	5.6	5.6	5.6
1877	52	51	103	103	103	103	55	52	107	54.5	43.5	49.	6.5	6.5	6.5	6.5	6.5	6.5
1878	54	53	107	55	55	55	56	53	109	38.	63.6	47.	7.7	7.7	7.7	7.7	7.7	7.7
1879	58	51	109	56	56	56	52	49	101	37.5	54.5	52.5	8.9	8.9	8.9	8.9	8.9	8.9
1880	57	54	111	56	56	56	54	54	110	50.	54.5	52.5	5.3	5.3	5.3	5.3	5.3	5.3
1881	59	59	118	57	57	56	56	56	113	22.	38.8	33.	5.6	5.6	5.6	5.6	5.6	5.6
1882	65	64	129	63	63	63	63	63	126	16.6	54.1	38.	6.3	6.3	6.3	6.3	6.3	6.3
1883	69	69	138	68	67	67	67	67	135	23.	58.8	43.3	5.8	5.8	5.8	5.8	5.8	5.8
1884	70	80	150	69	74	143	69	74	143	36.3	15.	22.5	4.8	4.8	4.8	4.8	4.8	4.8
1885	71	82	153	71	80	151	71	80	151	60.	58.8	59.2	2.6	2.6	2.6	2.6	2.6	2.6
										37.5	37.5	38.8	8.3	8.3	8.3	8.3	8.3	8.3

TABLE A3.—SHOWING THE ADMISSIONS AND RECOVERIES OF PERSONS* FROM THE OPENING OF THE INSTITUTION
TO THE PRESENT DATE, DECEMBER 31ST, 1924, (65 YEARS).

History of Recoveries of Persons.	M.	F.	T.
Persons admitted during the 65 years .. .	827	963	1790
Of whom were discharged recovered during the same period, being 35·1 per cent. of persons admitted .. .	257	372	629
Of whom were re-admitted relapsed † .. .	48	89	137
Leaving recovered persons who have not relapsed .. .	209	283	492
Relapsed persons discharged recovered ‡ .. .	29	48	77
Net recovered persons §, being 31·7 per cent. of persons admitted .. .	238	231	569

* Persons, i.e., separate persons in contradistinction to *cases* which may include the same individual more than once.
Re-admission applies only to re-admission into this Hospital.

† i.e., persons who have relapsed one or more times.

‡ i.e., after last re-admission, if relapsed more than once.

§ i.e., recovered persons sane at the present time, so far as the Hospital statistics show.

TABLE BI.—ANALYSIS OF THE ADMISSIONS DURING THE YEAR 1924.
 (EXCLUDING VOLUNTARY BOARDERS.)

CLASSES OF ADMISSIONS.	CONGENITAL.			Acquired.			TOTAL.		
				First Attack.			Not First Attack.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Direct	..	..	..	..	11	24	35	4	5
Transfers	..	..	..	..	2	2	4	1	—
Indirect	{ Statutory re-admissions	..	..	..	..	..	..	—	—
Total Admissions		..	..	..	13	26	39	5	6
							11	11	..
							
								18	32
									50

Unknown whether
first attack or not.

TABLE B2.—SHOWING THE DURATION OF THE PRESENT ATTACK OR MENTAL DISORDER ON ADMISSION IN THE ADMISSIONS
DURING THE YEAR 1924, DISTINGUISHING BETWEEN THE DIRECT AND THE TRANSFERS, AND STATING
(IN THOSE NOT CONGENITAL) WHETHER FIRST ATTACK OR NOT.
(VOLUNTARY BOARDERS EXCLUDED).

Duration of Mental Disorder prior to Admission.	Direct Admissions.												Total.			
	First Attack.						Not First Attack.						Unknown whether first attack or not.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Less than two weeks	1	6	7	3	3	6	..	..	..	4	9	13	..	..	..	..
2 weeks and less than 1 month..
1 month	3	4	6	1	1	1	..	..	..	3	5	7	..	..	..	..
3 months	4	2	6	..	..	..	..
6
9
12
18
18
2 years
3
5
10
15
20
Duration unknown
Congenital Cases
Totals ..	11	24	35	4	6	10	..	..	..	15	30	45	..	..	..	..

TABLE B 3.—SHOWING THE AGES AND CIVIL STATE ON ADMISSION, IN THE **ADMISSIONS DIRECT. AND TRANSFERS** GROUPED TOGETHER, AND IN THE CONGENITAL CASES OF THE DIRECT ADMISSIONS.
(VOLUNTARY BOARDERS EXCLUDED).

CLASSES OF ADMISSIONS.		AGES ON ADMISSION.												CIVIL STATE.																				
		AVERAGE AGES.			15-19			20-24			25-29			30-34			35-39			40-44			45-49			50-54			55-59			60-64		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
Total admissions—																																		
Direct and																																		
Transfers grouped																																		
41	47	45	—	—	—	2	1	3	4	3	7	1	3	4	2	3	5	2	2	4	1	7	8	2	4	6	—	3	3	4	2	6		
					</																													

TABLE B4.—SHOWING IN THE DIRECT ADMISSIONS DURING THE YEAR 1924, EXCLUDING THE CONGENITAL CASES AND THE CASES "UNKNOWN-WHETHER FIRST-ATTACK-OR-NOT"—(a) THE AGE AT COMMENCEMENT OF THE PRESENT ATTACK OF MENTAL DISORDER IN BOTH THE FIRST-ATTACK AND NOT-FIRST-ATTACK CASES, RESPECTIVELY ARRANGED ACCORDING TO THEIR CIVIL STATE; (b) THE AGE ON FIRST ATTACK IN THE NOT-FIRST-ATTACK CASES; AND (c) A STATEMENT OF THE NUMBER OF PREVIOUS ATTACKS IN THE NOT-FIRST-ATTACK CASES, KNOWN TO HAVE BEEN TREATED TO RECOVERY IN AN INSTITUTION OR ELSEWHERE. (VOLUNTARY BOARDERS EXCLUDED).

Civil State.			Ages in Quinquennial Periods.												Totals.																													
			10-14			15-19			20-24			25-29			30-34			35-39			40-44			45-49			50-54			55-59			60-64			65-69			70-74			80-85		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
Single	..	..	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1							
Married	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Widowed	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	1	1	1	1	1	2	1	1	2	1	1	2	1	1	2	3	2	2	1	2	3	1	4	2	2	1	1	1	1	1	1	1	1							
Single	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
Married	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Widowed	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	1	1	1	1	1	2	1	1	2	1	1	2	1	1	2	3	2	2	1	2	3	1	4	2	2	1	1	1	1	1	1	1	1							
Totals of First-Attack and Not First-Attack Cases																																												
The Ages on First Attack in the Not First-Attack Cases																																												

Number of Previous Attacks in the Not First-Attack Direct Admissions, known to have been treated to recovery in an Institution or elsewhere.

	M.	F.	T.
Have had 1 previous attack
Have had 2 previous attacks
Have had 3 or more previous attacks
Not the first attack, but number of previous attacks unknown

TABLE B5.—SHOWING THE FORM OF MENTAL DISORDER ON ADMISSION IN THE DIRECT ADMISSIONS AND TRANSFERS DURING THE YEAR 1924 (VOLUNTARY BOARDERS EXCLUDED).

FORMS OF MENTAL DISORDER.	DIRECT ADMISSIONS.						TRANSFERS.			TOTAL.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
I. CONGENITAL or Infantile Mental Deficiency (Idiocy or Imbecility) occurring as early in life as it can be observed—												
1. Intellectual { (a) With Epilepsy
(b) Without Epilepsy
2. Moral
II. INSANITY occurring later in life—												
1. Insanity with Epilepsy
2. General Paralysis of the Insane
3. Insanity with grosser Brain Lesions
4. Acute Delirium
5. Confusional Insanity
6. Stupor
7. Primary Dementia
8. Mania { (a) Recent*
(b) Chronic
(c) Recurrent
9. Melancholia { (a) Recent*
(b) Chronic
(c) Recurrent
10. Alternating Insanity
11. Delusional Insanity { (a) Systematized
(b) Non-systematized
12. Volutional Insanity { (a) Impulse
(b) Obsession
(c) Doubt
13. Moral Insanity
14. Dementia { (a) Senile
(b) Secondary
Totals	15	30	45	3	2	5	18	32	50

* The period of one year is taken as the limit of the term "Recent."

TABLE B 6.—SHOWING THE OCCUPATIONS OF THE DIRECT ADMISSIONS, EXCLUDING ATTACK CASES, NOT FIRST ATTACK CASES, AND CASES UNKNOWN WHETHER ACCORDING TO THE AGE AT COMMENCEMENT OF THE MENTAL DISORDER.

Group.	Sub-group.	Symbol.	OCCUPATIONS.	Age at Commencement														FIRST	
				10-15		15-19		20-24		25-29		30-34		35-39		40-44			
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A	a	4	Civil Service Clerk ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
B	a	1	Army Officer ..	.	.	.	.	.	.	.	.	.	.	.	.	1	-	.
C	a	1	Clerk in Holy Orders ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
C	a	2	Missionary Teacher ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
C	d	1	Teacher ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1 1
C	c	2	Nurse ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
E	a	1	Merchant ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
E	b	1	Merchant's Clerk ..	.	.	.	.	.	.	.	.	.	.	.	1	-	.	.
E	c	1	Bank Cashier ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
F	c	1	Merchant Service ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
G	a	1	Farmer ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
N	b	2	Timber Merchant ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Y	a	4	Independent means ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Y	a	5	Student ..	.	.	.	.	.	1	-	.	.	.	.	.	.	.	.
Y	a	6	No Occupation ..	.	1	-	.	.	.	-	1	-	2	-	1	-	2	1 1	

THE CONGENITAL CASES, DURING THE YEAR 1924, DISTINGUISHING BETWEEN FIRST
FIRST ATTACK OR NOT; AND IN RESPECT OF THE FIRST ATTACK CASES, ARRANGED
(VOLUNTARY BOARDERS EXCLUDED.)

ATTACK CASES.

TABLE B7.—*AETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS ASSIGNED IN THE DIRECT ADMISSIONS DURING THE YEAR 1924 DISTINGUISHING BETWEEN CASES—CONGENITAL, FIRST ATTACK, NOT FIRST ATTACK, AND UNKNOWN WHETHER FIRST ATTACK OR NOT.* (Voluntary Boarders excluded).

TABLE B9.—SHOWING THE GENERAL PARALYTICS IN THE DIRECT ADMISSIONS DURING THE YEAR 1924, ARRANGED ACCORDING TO THEIR AGES AT COMMENCEMENT OF THE ATTACK AND TO THEIR CIVIL STATE, AND ALSO THE NUMBER OF INSTANCES IN WHICH THE ATTACK WAS PRECEDED BY SYPHILIS, TOGETHER WITH THE AGE AT WHICH THE LATTER WAS CONTRACTED.

TABLE C 1.—AN ANALYSIS OF THE DISCHARGES AND TRANSFERS DURING
THE YEAR 1924 (VOLUNTARY BOARDERS EXCLUDED).

	M.	F.	T.	M.	F.	T.	M	F.	T.
DISCHARGED AS RECOVERED.									
From Direct Admissions—									
First-Attack Cases	3	6	9	..	..	..	..	..	..
Not First-Attack Cases	2	1	3	..	..	..	..	..	..
Cases Unknown whether First-Attack or not .. ..	..	..	..	..	..	..	..	..	..
Total from Direct Admissions .. ..	..	..	..	5	7	12			
From Transfers—									
First-Attack Cases	2	—	2	..	..	..	..	..	..
Not First-Attack Cases	2	—	2	..	..	..	..	..	..
Cases Unknown whether First-Attack or not .. ..	..	..	..	..	..	..	..	..	..
Total from Transfers .. ..	..	..	..	4	—	4			
Total Discharged as Recovered ..				9	7	16			
DISCHARGED (NOT RECOVERED) AS							Relieved.		Not Impr'v'd
Relieved	1	5	6	1	5	6	..	..	..
Not Improved	2	3	5	..	..	..	2	3	5
Total	3	8	11						
Reasons for such Discharge—									
To go to care of Friends	2	6	8	..	..	..	..	..	..
"
"
"
Statutory, by Irregularity in Reception Order .. ..	..	..	..	..	..	..	..	..	..
Statutory, by Lapsing of Reception Order	—	1	1	..	..	..	..	..	..
Other Reasons	1	1	2	..	..	..	..	..	..
Total	3	8	11						
TRANSFERRED AS—									
Relieved .. ..	..	..	..	..	..	..	..	..	..
Not Improved	2	7	9	..	..	..	2	7	9
Total	2	7	9						
Destinations of such Transfers—									
To other Asylums, Registered Hospitals, and Licensed Houses	2	5	7	..	..	..	..	..	..
To "Single Care"	—	2	2	..	..	..	..	..	..
Other Destination .. ..	..	..	..	..	..	..	..	..	..
Total	2	7	9						
TOTAL DISCHARGED AND TRANSFERRED AS									
Relieved .. ..	..	..	..	1	5	6			
Not Improved .. ..	..	..	..	..	..	..	4	10	14

TABLE C 2.—SHOWING IN THE TOTAL CASES DISCHARGED RECOVERED DURING THE YEAR 1924, THE AGE IN QUINQUENNIAL PERIODS—
 (a) ON RECOVERY, AND (b) AT THE COMMENCEMENT OF THE RECENT ATTACK OF MENTAL DISORDER, ARRANGED ACCORDING TO
 THE TOTAL LENGTH OF SUCH ATTACK. (VOLUNTARY BOARDERS EXCLUDED.)

Age Periods		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	
Age on Recovery		1	-	3	1	-	1	1	1	1	-	-	1	2	1	-	1	-	1	1	...	...	...	...	1	-	9	7	16

Age at Commencement of Recent Attack of Mental Disorder.

TABLE C III.—SHOWING THE FORM OF MENTAL DISORDER ON ADMISSION,
IN THOSE DISCHARGED RECOVERED DURING THE YEAR 1924.
(VOLUNTARY BOARDERS EXCLUDED.)

Forms of Mental Disorder (on Admission).						M.	F.	T.
I.	Congenital or Infantile Mental Deficiency (Idiocy or Imbecility) occurring as early in life as it can be observed—							
1.	Intellectual { (a) With Epilepsy							
	{ (b) Without Epilepsy							
2.	Moral							
II.	Insanity occurring later in life—							
1.	Insanity with Epilepsy							
2.	General Paralysis of the Insane							
3.	Insanity with the Grosser Brain Lesions							
4.	Acute Delirium (Acute Delirious Mania)							
5.	Confusional Insanity					1	-	1
6.	Stupor							
7.	Primary Dementia							
8.	Mania { (a) Recent*					2	4	6
	{ (b) Chronic							
	{ (c) Re-current							
9.	Melancholia { (a) Recent*					3	2	5
	{ (b) Chronic					2	-	2
	{ (c) Re-current							
10.	Alternating Insanity							
11.	Delusional Insanity { (a) Systematized					1	1	2
	{ (b) Non-Systematized							
12.	Volitional Insanity { (a) Impulse							
	{ (b) Obsession							
	{ (c) Doubt							
13.	Moral Insanity							
14.	Dementia { (a) Senile							
	{ (b) Secondary or Terminal							
	Total					9	7	16

* The period of one year is taken as the limit of the term "Recent."

TABLE C 4.—ALL RECOVERIES.

	First Attack.			Not First Attack.		
	Principal.		Con-tribut'ry	Principal.		Con-tribut'ry
	M.	F.	M.	F.	M.	F.
A. HEREDITY.						
1. Insane (<i>excluding cousins, nephews, nieces, offspring</i>)	3	1
2. Epileptic
3. Neurotic (<i>including only Hysteria, Neurasth : Spasmodic Asthma, and Chorea</i>)
4. Eccentricity (<i>in marked degree</i>)
5. Alcoholism
B. MENTAL INSTABILITY, as revealed by—						
1. Moral Deficiency
2. Congenital Mental Deficiency (<i>not amounting to Imbecility</i>)
3. Eccentricity
C. DEPRIVATION OF SPECIAL SENSE.						
1. Smell or Taste
2. Hearing
3. Sight
D. CRITICAL PERIODS.						
1. Puberty and Adolescence
2. Climacteric
3. Senility
E. CHILD BEARING.						
1. Pregnancy
2. Puerperal State (<i>not septic</i>)
3. Lactation
F. MENTAL STRESS						
1. Sudden
2. Prolonged
G. PSYCHOLOGICAL DEFECTS AND ERRORS						
1. Malnutrition in Early Life (<i>Rickets, &c.</i>)
2. Privation and Starvation
3. Over-exertion (<i>Physical</i>)
4. Masturbation

TABLE D 1.—SHOWING ALL THE CAUSES OF DEATH THAT ENTERED INTO THE DEATHS DURING THE YEAR 1924, ARRANGED AS **PRINCIPAL, CONTRIBUTORY, AND THE TOTALS OF THESE; ALSO THE NUMBER OF TIMES EACH CAUSE (WHETHER PRINCIPAL OR CONTRIBUTORY) WAS ASSOCIATED WITH CERTAIN SELECTED CAUSES; AND THE NUMBER OF OCCASIONS EACH PRINCIPAL CAUSE OF DEATH WAS VERIFIED BY POST-MORTEM EXAMINATION (VOLUNTARY BOARDERS EXCLUDED).**

Names of Causes of Death.	Instances when returned as <i>Principal</i> .			Number Verified P.M.	Instances when returned as <i>Contributory</i> .			Total Incidence.			
					M.	F.	T.	M.	F.	T.	
	M.	F.	T.								
Bronchitis	1	-	1	..	..	..	..	1	-	1
Cerebral Haemorrhage	1	-	1	1	..	..	..	1	-	1
Congestion of Brain	1	-	1	..	..	..	..	1	-	1
Dilatation of Heart	1	-	1	..	..	..	..	1	-	1
General Paralysis	1	-	1	..	..	..	..	1	-	1
Intestinal Obstruction	2	-	2	1	..	..	..	2	-	2
Malignant Endocarditis	-	1	1	..	..	..	..	-	1	1
Senile Decay	1	-	1	..	..	..	..	1	-	1
Total.....	8	1	9	2							

TABLE D2.—SHOWING THE PRINCIPAL CAUSE OF DEATH IN EACH DEATH DURING THE YEAR 1924, TOGETHER WITH THE AGES AT DEATH IN QUINQUENNIAL PERIODS (VOLUNTARY BOARDERS EXCLUDED).

Principal Causes of Death.	Ages at Death in Quinquennial Periods.																		TOTAL.										
	25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85-89		90-95		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.											
Bronchitis	1	-	...	...	...	...	1	-	1		
Cerebral Haemorrhage	1	-	...	...	...	...	...	...	...	...	...	...	1	-	...	...	...	...	1	-	1		
Congestion of Brain	1	-	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	-	...	...	...	...	1	-	1		
Dilatation of Heart	1	-	...	...	...	...	1	-	1		
General Paralysis	1	-	...	...	...	...	...	...	...	...	...	...	...	1	-	1			
Intestinal Obstruction	1	-	...	...	...	...	2	-	2		
Malignant Endocarditis	1	-	...	...	...	...	-	1	1		
Senile Decay	1	-	...	...	...	...	1	-	1		
Totals.....	...	1	-	...	1	-	1	-	1	-	1	-	1	-	1	-	1	3	-	...	...	...	...	8	1	9	

TABLE D 3.—SHOWING THE TOTAL DURATION OF THE PRESENT ATTACK OF MENTAL DISORDER ON ADMIS-

FORMS OF MENTAL DISORDER (on Admission).	TOTAL DURATION											
	1 m. & less than 3 m.		3 m. & less than 6 m.		6 m. & less than 9 m.		9 m. & less than 12 m.		12 m. & less than 2 yrs.		2 & th 3:	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	
I. CONGENITAL or Infantile Mental Deficiency (Idiocy or Imbecility) occurring as early in life as it can be observed—												
1. Intellectual { (a) With Epilepsy	
(b) Without Epilepsy	
2. Moral	
II. INSANITY occurring later in life—												
1. Insanity with Epilepsy	
2. General Paralysis of the Insane	
3. Insanity with Grosser Brain Lesions	
4. Acute Delirium	
5. Confusional Insanity	
6. Stupor	
7. Primary Dementia	
8. Mania { (a) Recent*	
(b) Chronic	
(c) Recurrent	
9. Melancholia { (a) Recent*	2	—	..	
(b) Chronic	
(c) Recurrent	
10. Alternating Insanity	
11. Delusional Insanity { (a) Systematized	
(b) Non-systematized	
12. Volitional Insanity { (a) Impulse	
(b) Obsession	
(c) Doubt	
13. Moral Insanity	
14. Dementia { (a) Senile	
(b) Secondary	
TOTALS							2	—			1 1 2	

*The period of one year is

DISORDER IN THE DEATHS DURING THE YEAR 1924, ARRANGED ACCORDING TO THE FORM
VOLUNTARY BOARDERS EXCLUDED).

THE PRESENT ATTACK OF MENTAL DISORDER.

as the limit of the term "Recent."

TABLE E I.—SHOWING THE AGES (IN QUINQUENNIAL PERIODS) OF THOSE
TOTAL DURATION OF THE PRESENT ATTACK OF MENTAL DISOR

TOTAL DURATION OF PRESENT ATTACK OF MENTAL DISORDER.	AGES ON 31ST DECEMBER, 19									
	15-19		20-24		25-29		30-34		35	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	
Congenital										
Less than 3 months										
3 months and less than 6 months										
6 " 12 " 										
12 " 18 " 										
18 " 2 years										
2 years										
3 " 5 " 										
5 " 10 " 										
10 " 15 " 										
15 " 20 " 										
20 " 25 " 										
25 " 30 " 										
30 " 35 " 										
35 " 40 " 										
40 " 45 " 										
45 " 50 " 										
50 " 55 " 										
55 " 60 " 										
60 " 65 " 										
65 " 70 " 										
70 " 75 " 										
Unknown										
	Totals									
	2	1	2	6	2	7	7			

THE REGISTERS ON 31ST DECEMBER, 1924, ARRANGED ACCORDING TO THE
(VOLUNTARY BOARDERS EXCLUDED).

OF THOSE ON THE REGISTERS AT THAT DATE.

40-44		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85-90		TOTALS		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
..
..	..	-	3	1	1	-	2	1	1	-	1	..	..	..	..	..	..	..	..	3	12	15
-	2	1	-	..	..	..	..	1	1	..	..	..	..	..	..	-	1	..	..	4	5	9
..	..	-	2	-	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	-	5	5
..	..	1	-	..	..	1	-	..	..	..	..	..	..	..	..	..	..	..	..	3	-	3
..
..	..	-	3	-	2	1	1	-	1	1	-	..	..	..	..	..	..	..	..	2	7	9
-	1	..	..	..	..	-	1	-	1	1	1	-	1	..	..	..	..	..	..	2	7	9
1	1	..	..	-	3	..	..	..	..	1	2	1	-	-	2	..	..	..	..	3	16	19
1	1	2	2	-	1	3	-	..	..	-	1	-	2	1	-	..	..	..	..	10	8	18
1	1	1	-	-	1	1	2	-	1	-	2	..	..	..	..	..	..	..	..	7	8	15
..	..	2	-	1	2	2	-	2	-	..	..	..	..	1	-	..	..	..	..	8	2	10
..	..	1	-	..	..	2	1	..	..	-	2	..	..	-	1	..	..	..	..	3	4	7
..	..	..	..	..	..	4	1	-	1	-	1	..	..	-	1	..	..	..	..	5	4	9
..	..	..	..	..	..	1	-	..	..	-	1	..	..	..	..	..	..	..	..	1	1	2
..	..	..	..	..	..	..	..	..	..	3	-	-	2	-	2	..	..	..	..	3	4	7
..	..	..	..	..	..	..	..	..	..	1	1	-	1	-	1	..	..	..	..	1	3	4
..	..	..	..	..	..	..	..	..	..	..	1	-	1	-	1	2	..	..	..	3	2	5
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	-	1	-	1	1
..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	-	1	1
3	6	8	10	2	11	15	8	4	6	7	12	2	6	3	7	1	3	-	1	58	90	148

TABLE E II.—SHOWING THE FORM OF MENTAL DISORDER ON 31ST DECEMBER, 1924, OF THOSE ON THE REGISTERS AT THAT DATE.

FORMS OF MENTAL DISORDER.	M.	F.	T.
CONGENITAL :			
1. Intellectual { (a) With Epilepsy	1	-	1
(b) Without Epilepsy			
2. Moral			
NON-CONGENITAL :			
1. Insanity with Epilepsy	1	-	1
2. General Paralysis of the Insane	4	-	4
3. Insanity with Grosser Brain Lesions			
4. Acute Delirium			
5. Confusional Insanity	1	4	5
6. Stupor..			
7. Primary Dementia	16	15	31
{ (a) Recent*	-	3	3
(b) Chronic	3	7	10
(c) Recurrent	3	4	7
9. Melancholia { (a) Recent*..	-	9	9
(b) Chronic..	5	8	13
(c) Recurrent	-	1	1
10. Alternating Insanity	-	1	1
11. Delusional Insanity { (a) Systematized ..	4	2	6
(b) Non-systematized ..	4	8	12
12. Volitional Insanity { (a) Impulse.. ..	1	-	1
(b) Obsession	1	-	1
(c) Doubt	-	2	2
13. Moral Insanity	1	5	6
14. Dementia { (a) Senile	13	21	34
(b) Secondary..			
TOTALS	58	90	148
Prognosis { Favourable			
Doubtful	3	11	14
	1	7	8

N.B.—The number of those having an unfavourable prognosis is obtained by deducting the sum of Favourable and Doubtful from total Number resident on December 31st.

* The period of one year is taken as the limit of the term "Recent."

STATEMENT OF ACCOUNTS
FOR THE YEAR ENDING DECEMBER 31st, 1924.

INCOME AND EXPENDITURE ACCOUNT

INCOME.

	£ s. d.	£ s. d.
Charges to Patients for Maintenance and Incidents	41922 18 7	
Amounts receivable from Patients for advances and special Provisions (as per contra) ..	4705 7 5	
DIVIDENDS ON INVESTMENTS—		
£47,150 0s. 0d. 5 per cent. War Loan, 1929-1947 (gross)	2357 10 0	
£17,500 0s. 0d. 4 per cent. Funding Loan, 1960-1990 (less tax)	542 10 0	
£6,153 9s. 6d. New South Wales 3 per cent. Inscribed Stock, 1935 (less tax)	143 1 4	
Annuity—£511 Great Indian Peninsula Railway Co. Class B 1948 Annuities (less tax, etc.)	306 11 2	
£8,034 6s. 8d. 4 per cent. War Loan, 1929-1942 (free of tax)	321 7 4	<hr/> 3670 19 10
Interest on Current Account at Lloyds Bank Rents, including £400 charged to Farm Account Sundry sales	424 6 0	447 14 0
	5 3 4	

£51176 9 2

	M. F. T.
Average number of Patients, &c., boarded ..	61 80 141
Officers, Nurses, and Servants	38 92 130
	<hr/> 99 172 271

FOR THE YEAR ENDED 31ST DECEMBER, 1924.

EXPENDITURE.

				£	s.	d.	£	s.	d.
Salaries and Wages	..	..	..	11827	3	0			
Uniform for Nurses and Servants	..	..	..	175	17	5			
Provisions, Wines, Spirits, Beer, &c.	..	..	..	10292	3	0			
Housekeeping Incidents	..	..	..	379	1	3			
Amusements, and other Expenditure for Patients not recoverable	..	..	..	490	7	6			
Laundry	..	..	..	1979	7	7			
Coals, Coke, and Hauling	..	..	..	1402	2	4			
Gas	..	..	..	720	14	11			
Water	..	..	..	244	4	2			
Furniture, Linen, Bedding & Sundry Equipment	..	..	..	2147	11	8			
Ironmongery	..	..	..	85	1	6			
Medicines and Surgical Appliances	..	..	..	185	2	4			
Books, Printing, Stamps, Telephones, &c.	..	..	..	506	13	0			
Rates, Tithes, and Insurance	..	..	..	3234	6	10			
National Health and Unemployment Insurance	..	..	..	245	0	6			
Repairs, Painting, Glazing, &c.	..	..	..	2995	18	3			
Carriage and Portage	..	..	..	9	1	9			
Travelling Expenses, &c.	..	..	..	17	6	9			
Gardens	..	..	..	1762	5	7			
Stables and Garage	..	..	..	594	16	9			
Legal and Accountancy Charges	..	..	..	81	19	8			
Excursion to Clevedon	..	..	..	236	15	10			
							39613	1	7
Advances to Patients	..	..	..	3809	11	8			
Provisions from Stock charged direct to Patients	..	..	..	895	15	9			
							4705	7	5

NEW BUILDINGS, &c.—

Nurses' Home Extensions, Alterations and Equipment	..	..	..	1055	14	3			
No. 4 Ladies' Division, Extension	..	..	..	2133	0	0			
Continuous Bath, No. 4 Gentlemen's Division	..	..	..	62	1	6			
Tennis Surround	..	..	..	57	7	10			
Alterations to Waterfall and Gardens, Cottage, &c.	..	..	..	430	17	11			
Alterations to Cow-Standings, &c.	..	..	..	785	16	1			
Alterations to Corridors, No. 3 Ladies' Division	..	..	..	114	12	6			
Cold Storage Room	..	..	..	63	0	0			
Supplying Stop for Organ in Chapel	..	..	..	35	15	0			
							4738	5	1
Loss on Farm Account	..	..	..				62	16	7
Balance, being excess of Income over Expenditure							2056	18	6
Amount due to Patients } £8741 15 6							£51176	9	2

We report that we have examined the above Income and Expenditure Account with the Books and Vouchers relating thereto, and certify it to be correct.

PRICE, WATERHOUSE & CO.,

3, Frederick's Place,

Auditors.

Old Jewry, E.C. 27th February, 1925.

FARM ACCOUNT.

PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER, 1924.

RECEIPTS.

	£	s.	d.	£	s.	d.
By Live Stock sold—						
Cattle	667	7	4
Horses	106	0	0
Pigs	230	15	6
				1004	2	10
Wheat sold	163	9	0
" Other Farm Produce sold	51	17	0
				215	6	0
" Farm Produce supplied to House ..				2099	4	11
" Manure supplied to Gardens ..				28	0	0
" Horse hire and men ..				12	10	0
" Miscellaneous Receipts ..				8	0	0
" Valuation at 31st December, 1924 ..				3882	10	0
" Loss, carried to Income and Expenditure Account ..				62	16	7

PAYMENTS.

	£	s.	d.	£	s.	d.
To Valuation at 1st January, 1924 ..				3855	10	6
" Live Stock purchased—						
Cattle	334	11	0
Horses	90	0	0
Sheep	106	0	0
Pigs	105	5	0
				635	16	0
Poultry and Eggs purchased ..				65	7	8
" Corn, Cake, &c., purchased ..				561	14	8
" Seed, Manure, &c., purchased ..				169	12	10
" Shoeing, Implements, Tools and Repairs ..				146	17	11
" Wages	1118	8	10
" Rates, Taxes, Tithes, and Insurance ..				244	13	0
" Coals	16	15	1
" Gas	2	11	3
" Water	13	0	11
" Veterinary Surgeon ..				24	13	0
" Fee for Valuation of Farm Stock ..				5	5	0
" Thrashing and Sundries ..				52	3	8
" Rent	400	0	0
				£7312	10	4

PENSION ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER, 1924.

